UNIQUE IDENTIFER NO: C-47-2013
Review Date: April 2015
Review Lead: Infection Prevention & Control Nurse

Calderdale and Huddersfield NHS
NHS Foundation Trust

Section C - Standard Precautions

Version 5

Important: This document can only be considered valid when viewed on the Trust's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

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Other Stakeholders Consulted		
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Does this document map to other Regulator requirements?	
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Document Version Control	
Version 5	This document includes community use of these precautions. The Trust Equality Statement has also been updated.
Version 4	The document has been redesigned to ensure that all new and revised procedural documents are set out to a Trust wide format and the content of which includes a minimum set of criteria which include: The training requirements for implementation Monitoring arrangements for the document Equality impact of the document In addition, the monitoring arrangements for this document have been included.

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1. Introduction

Standard precautions are essential components in reducing the risk of transmission of infectious conditions / micro-organisms in any healthcare setting. These precautions should be applied as standard principles by **all** health and social care workers (HSCW) to the care of **all** patients at **all** times.

Standard precautions regard all blood and body fluids to be potentially infected. They should also be followed when coming into contact with patients' intact skin and with the patient's immediate environment. These precautions include the use of personal protective equipment (PPE), the safe handling and disposal of sharps, managing blood and bodily fluids, handling and disposal of waste, and hand hygiene.

Standard precautions apply to **both non-uniform and uniform wearing staff including** any HSCW attending a patient in their own home or any healthcare setting in the course of their daily duties who may or may not be employed by the Trust e.g. care home staff assessing patients, District Nurses, social workers. Guidance contained within this policy and within **Section H, Hand Hygiene Policy**, of the Infection Control Policies & Guidelines Manual, should be followed.

It is generally recognised that many patients, service users, visitors or staff who are not obviously ill may be carrying potentially harmful micro-organisms in their blood, other body fluids or on their skin which may present an infection hazard to other patients, service users and to HCSW's with whom they come into contact.

The implementation of precautions upon diagnosis of infection may not prevent cross transmission. Therefore, in order to protect staff and patients / service users we must consider **all blood and body fluids** from **all patients** i.e. adults, children and neonates to be infected and incorporate measures to minimise the risk of exposure into everyday practices.

The DH (2008) states:

'Effective prevention and control of Health Care Associated Infection (HCAI) has to be embedded into everyday practice and applied consistently by everyone. It is particularly important to have a high awareness of the possibility of HCAI in both patients and healthcare workers to ensure early and rapid diagnosis. This should result in effective treatment and containment of the infection. Effective action relies on an accumulating body of evidence that takes account of current practices.'

2. Purpose

These guidelines describe the processes and rationales that need to be undertaken to minimise the risk of cross-transmission of potentially harmful micro-organisms between patients, HSCW's or other service users.

3. Definitions

Body Fluids

Any fluid found in, produced by, or excreted from the human body which includes blood, urine, faeces, saliva, tears, breast milk, CSF, semen, vaginal fluid, amniotic fluid, pleural fluid, peritoneal fluid, bile, digestive juices, vomit, pus, other infected discharges and serous fluid.

Definition of Contact

a) Social Contact

Social contact may be defined as a physical contact occurring between HSCWs, patients or service user that may occur in a non-intimate social setting e.g. a simple handshake.

b) Direct Clinical Contact

Direct contact is more than would be expected in a social environment and involves close contact with a patient, or service user and / or their immediate environment, including physical examinations performed on ward rounds. Direct clinical contact that involves contact with open wounds, invasive devices e.g. urinary catheters, chest drains, peripheral venous catheters, PEGs and other vulnerable sites significantly increases the risks of cross transmission and infection.

c) Indirect Contact

Indirect contact includes contact with equipment used for patients and with a patient's immediate environment. Policies and procedures are in place regarding cleaning and decontamination of such items: please see Section F of the Infection Prevention & control Policies & Guidelines.

HSCW

Health care worker and/or Social Care Worker may be defined as anyone who undertakes any degree of care to a patient or service user, or who comes into contact with their environment.

HCAI

Is an infection caused by any infectious agent acquired as a consequence of a person's treatment or that which is acquired by a HSCW in the course their daily duties.

Pathogen

Any microorganism capable of causing disease or infection**.**

4. Duties (Roles and responsibilities)

The **Chief Executive** is responsible for ensuring that there are effective infection control arrangements in the Trust.

Nursing staff must always comply with Nursing and Midwifery Code of Professional Conduct '**The Code',** and 'delegate to those only who are competent for that delegated task'.

All other registered HSCWs must abide by their own Professional Code together with the Trust's policies and procedures.

5. Risk Assessment

All HCWs must carry out a risk assessment on the possible exposure to blood and body fluids and the risk of substances containing harmful organisms during the course of their duties. HCWs should always as a minimum implement standard **infection prevention and control precautions** to reduce the risk of transmission of such organisms and minimise the spread of infection.

HSCWs with direct clinical and environmental contact must also assess the risk of contamination to their own clothing / uniform from microorganisms and implement infection prevention and control precautions to prevent further spread.

6. Infection Prevention and Control Precautions

a) Hand Hygiene and Hand Care

Hand decontamination is the single most important measure in infection control. Effective hand decontamination can significantly reduce infection rates (WHO 2009; WHO 2009.02).

Hand hygiene should be undertaken immediately before and directly after any patient contact or procedures including those defined as 'social contact'. Hands should be decontaminated before and after all procedures and before and after removing gloves or any other PPE. Hands should be washed immediately if contaminated with blood or body fluids using soap and water and then dried thoroughly. A suitable hand moisturiser should be available for use in wards and departments and used as required. Hands should be free from organic material or dirt if using an alcohol gel; the solution must be allowed to evaporated and hands to dry.

Staff with chronic skin lesions or infected skin conditions to hands or forearms must seek advice from the Occupational Health Department before commencing work. Existing cuts, lesions or any other breaks in the skin should be covered with a waterproof dressing and replaced when necessary (see below).

All HSCWs who carry out **social or direct clinical contact** with patients or service users or who work within the healthcare environment should adhere to **Section H Hand Hygiene Policy** of the Infection Control Policies and Guidelines Manual.

- Cover cuts and abrasions with waterproof dressings.
- Keep nails short, clean and unvarnished.
- Not wear false nails including extensions / shellac / minx / overlays etc.
- Not wear wrist jewellery.
- Not wear rings, the only exception being a plain wedding band.
- Be 'Bare Below the Elbow'.

All HCWs, including non-uniformed staff who carry out **direct clinical contact** which involves contact with open wounds, invasive devices or other vulnerable sites must adhere to the above **and also**:

- **Remove** outer clothing i.e. white coat/jacket.
- Roll sleeves up **above** the elbow.
- Put on a plastic disposable apron, and any other appropriate PPE.
- If wearing a tie tuck this under the plastic apron.

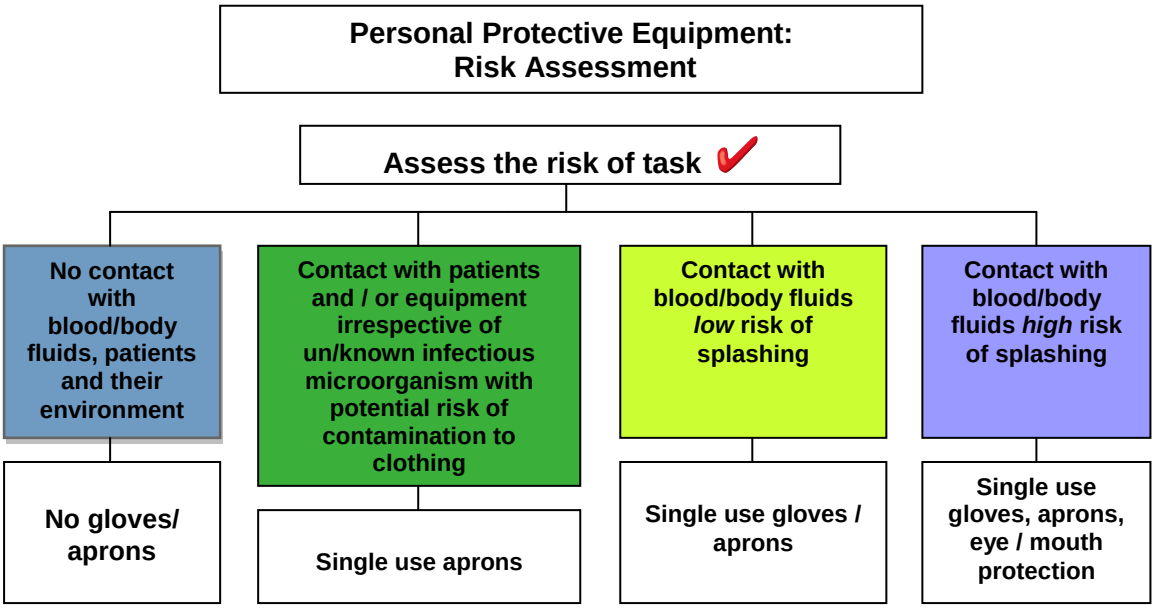
The next sections of the Policy discuss the use of protective clothing. This applies to all **uniformed** and **non-uniformed** HSCWs who are undertaking **any patient / service user contact**. Further information on the dress code can be found under General Policies for the Principles of Uniform and Non Uniform Staff (version 3).

b) Personal Protective Equipment (PPE)

PPE should be selected on the basis of a risk assessment of the transmission of micro-organisms to the patient and the risk of contamination of HSCWs clothing and skin by blood, body fluids, secretions, excretions. This can be by direct or indirect contact with the patient / service user and / or their immediate environment. **All PPE together with any waste produced must be disposed of into the appropriate waste stream.** For further information on the disposal of PPE please refer to the Waste Disposal Policy available on the Trust's intranet.

Hand hygiene must be performed prior to and following removal of all PPE.

The following visual risk assessment is available within the pocket card set.


Personal Protective Equipment: Risk Assessment
Assess the risk of task
No contact with blood/body fluids, patients and their environment
Contact with patients and / or equipment irrespective of un/known infectious microorganism with potential risk of contamination to clothing
Contact with blood/body fluids *low* risk of splashing
Contact with blood/body fluids *high* risk of splashing
No gloves/ aprons
Single use aprons
Single use gloves / aprons
Single use gloves, aprons, eye / mouth protection

c) Gloves

Gloves **must** be worn for:

- invasive procedures
- contact with sterile sites
- contact with non-intact or skin-mucous membranes
- all activities that have been assessed as carrying a risk of exposure, or involve **direct contact** with, blood, body fluids, secretions and excretions
- handling contaminated instruments
- when in contact with a patient or their environment who is known or highly suspected to have Clostridium Difficile

Hands should always be decontaminated before putting gloves on and after their removal.

Gloves are **not a substitute** for hand washing; they should be put on **immediately before** a task is to be performed. If extra items are required during an episode of patient care e.g. dressings that are not immediately to hand, PPE should be removed, discarded into the appropriate waste stream, hands decontaminated and the required items obtained prior to continuing with patient care.

Gloves should be worn as single-use items. Remove gloves immediately following completion of a task or episode of care and dispose into the appropriate waste stream. Gloves should be changed between caring for different patients or between different care or treatment activities for the same patient.

If known or highly suspected risk of infection gloves must be disposed of through the orange waste stream.

- **Sterile gloves** (low protein) should be worn for all operative and invasive procedures that require an **aseptic technique / ANTT.**
- **Non-sterile gloves** (low protein) should be worn for **non-sterile** procedures when contact with blood or body fluids is possible. Non-sterile gloves can be worn when performing an aseptic non-touch technique – see Aseptic Policy Section G.
- **Special** gloves are required for use with certain **chemicals**. Seek advice from the manufacturer of the Chemical and comply with COSHH.
- **Staff** with a known or suspected **latex allergy must not use latex gloves** and must contact Occupational Health as soon as possible for advice. Latex gloves must not be used if the patient has, or is suspected of having, a latex allergy. Alternative gloves can be provided for those with allergies.
  In December 2012 the Trust standardised gloves, all non-sterile gloves are now nitrile. If however, staff are allergic to this type of glove they must contact Occupational Health as soon as possible for advice.

d) Plastic Aprons

Disposable plastic aprons must be worn when there is a risk that clothing or uniform may become contaminated from the **environment, blood, body fluids, secretions and excretions** with the exception of sweat.

Full body fluid repellent gowns should be worn where there is a risk of extensive splashing of blood, body fluids, secretions and excretions onto the skin of staff.

Uniforms/clothing that becomes contaminated must be laundered at the earliest opportunity. Please note only the Trust's laundry should be used for staff uniforms irrespective of contamination.

Disposable plastic aprons are **single-use items and must only be used** for one procedure or episode of patient care i.e. bed making/handling linen. If during patient contact it is realised extra items are required from a cupboard, PPE must be removed and discarded prior to collection of the item and fresh PPE to be worn prior to continued patient episode.

During procedures where protection from splashes is required and plastic aprons cannot be worn (e.g. X-ray) alternative clothing must be water resistant and cleanable.

e) Eye Protection

Eye protection must be available in all areas for use when there is a risk of blood, body fluids, secretions or excretions splashing into the eyes. These

should be decontaminated after use and stored clean. If single-use then dispose of immediately into the appropriate waste stream.

f) Masks

Surgical face masks should be worn when there is a risk of contamination of the mouth and nose by splashes of blood, body fluids, secretions and excretions.

Respirators (FFP3 masks should be worn for all procedures that create an aerosol (e.g. air power tools, bronchoscopy, open airway management or some respiratory diseases).

Respirators (FFP3 masks) may be recommended with certain respiratory diseases e.g. multi-drug resistant TB and influenza. For further information on the usage of masks please refer to **Section S Tuberculosis** of the Infection Control Policies and Guidelines Manual.

If a patient is suspected to have or is confirmed to have flu (seasonal or pandemic) a surgical mask is sufficient to wear upon entering the patient or service users side room and for performing most medical and nursing tasks. If however, aerosol generating procedures are to be performed (e.g. bronchoscopy, CPR, nebulised therapy) a FFP3 mask is advised. For further information on the usage of masks (FFP3 and surgical masks) with influenza please refer to the IPC web page (CHFT 2013).

A limited emergency supply of FFP3 masks is available from the Infection Control cupboards located outside Old Ward 10, Calderdale Royal Hospital (key held by site co-ordinator and Infection Prevention and Control Nurses) and outside the Pathology Dept. at Huddersfield Royal Infirmary (key from security staff on the front desk).

The ordering and stock levels of the FFP3 masks are the sole responsibility of the manager for that healthcare setting.

All PPE together with any waste produced must be disposed of into the appropriate waste stream. Hands should always be decontaminated before and after removal of any PPE.

g) Safe Handling and Disposal of Sharps

Sharps that are handled incorrectly and not disposed of adequately are extremely dangerous. It is the responsibility of the user to dispose of their sharps device safely, immediately after use. This means the sharps container should be portable enough to take to the site of the intended procedure, and be designed specifically to allow sharp instruments and needles to be disposed of safely and easily at the point of use.

In May 2013 a European Sharps Directive was introduced with the aim of reducing the risk of sharps injuries and blood borne infections and to achieve the safest possible working environment within a hospital or other healthcare environment.

It is a legal requirement from 11 May 2013 that all NHS Trusts, or settings where healthcare is delivered, should comply with this Directive.

Any HSCWs including community staff who may require further advice should refer to see Section M Sharps Policy of the Infection Control Policies and Guidelines Manual. For other legislation but which is not solely limited to these please see section 10 Associated documentation / further reading.

h) Spillages of Blood and Body Fluids

Protective clothing must be worn prior to dealing with any spillage of blood and/or body fluids. Ensure **adequate ventilation** prior to using disinfection solutions or granules.

Procedure for spillages of blood or blood stained body fluids see also appendix 2:-

- **Cover spillage** with disposable paper towels. In the event of large spillages soak up the majority with paper towels and place into the appropriate waste stream taking care not to cause any new spillages then apply further paper towels to area.

- Make up chlorine releasing agent e.g. Tristel Fuse. Impregnate paper towels or disposable 'j' cloths with the Tristel and clean the area thoroughly before discarding paper towels/'j' cloths and worn PPE into appropriate waste stream.

- Allow to dry thoroughly

- Decontaminate hands

Spillages of faeces, vomit and urine – should be removed with paper towels first and then clean the area with a chlorine releasing agent e.g. Tristel Fuse, using paper towels, discarding all waste and protective clothing into the appropriate waste stream.

Any floor surface that has been cleaned and remains wet must have the appropriate Yellow warning sign in place.

i) Accidental Spillages

Protective clothing must be worn prior to dealing with any spillage of blood and/or body fluids. Ensure **adequate ventilation** prior to using disinfection solutions or granules.

Spillage from domestic waste (clear bag waste). Clean up with dustpan and brush or mop and place in fresh clear bag for disposal.

Spillage from offensive waste bags/clinical waste bags (tiger stripe bags/orange bags), sharps containers or laboratory waste bags – Inform the appropriate departmental manager immediately. A full risk assessment must be made prior to cleaning up spillages from the Orange waste bags as masks may need to be worn. Follow guidelines below and complete an incident report form:

- ***Clinical Waste Spillage*** – wearing disposable apron and gloves together with any other appropriate PPE (having made a thorough risk assessment) carefully place the waste into another same type bag. Clean the contaminated area with paper towels followed by a chlorine releasing agent e.g. Tristel Fuse solution. Tristel Fuse is sufficient to use where there is visible blood. Place protective clothing and all paper towels into same type bag, seal and dispose of immediately.

- ***Sharps Container Spillage*** – Always wear a disposable apron and gloves. For broken or partially open containers place into a larger sharps bin where possible.

- ***Medicine Spillages*** - Any spilled medicine and all items used in the cleaning process e.g. gloves, paper towels / clothes/mop heads etc. must be placed into the correct waste stream.

- ***Hazardous spillage*** **- For full information on cytotoxic spillage process and kit please refer to appendix 1.**

http://intranet.cht.nhs.uk/formulary/Web.Formulary_Files/pdf, _doc_files_etc/MMC/113_Cytotoxic_Drug_Spillage_May_2011.pdf

Please refer to the Medicine Code section 17 using this link: http://nww.cht.nhs.uk/index.php?id=4848&cat=3.

Spillages onto carpeted areas – wearing disposable apron and gloves soak up the excess fluid with a disposable cloth and clean the area with detergent and hot water. This may need repeating several times to remove all spillage. The carpet should be steam cleaned at the first available opportunity.

If a dust pan and brush is used the dust pan will require a thorough clean using Tristel. The brush may be contaminated with glass articles/chemicals and would therefore require disposing of in the

appropriate waste stream e.g. Pharmaceutical Liquid bin. Otherwise decontamination using Tristel would be required.

7. Training and Implementation

Training sessions delivered by the Infection Prevention and Control Team are available to all Trust staff i.e. Induction, 'Right from the Start' and 'Beyond the Basics'. There are targeted training sessions Link Infection Prevention and Control Practitioners in departments and wards across the trust who will then cascade the information to colleagues within their area or department. Ad hoc / targeted session can also be provided following discussion with the IPCT.

8. Trust Equalities Statement

Calderdale and Huddersfield NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We therefore aim to ensure that in both employment and services no individual is discriminated against by reason of their gender, gender reassignment, race, disability, age, sexual orientation, religion or religious/philosophical belief, marital status or civil partnership

9. Monitoring Compliance with this Procedural Document

All clinical policies are subject to compliance with Standard Precautions and monitoring compliance would be dealt within that specific policy. Clinical audits i.e. Rapid Assurance checklist (RAC); Quality Improvement Audits; Hand Wash Roadshow; ad hoc Infection Prevention and Control Audits. These audits and other relevant audits are an ongoing process. Furthermore, it is the **responsibility** of all **clinical staff** to comply with this policy; **senior clinical staff** and **managers** are asked to **lead by example**. Continued failure by an individual to adhere to this policy may be managed under the Trust's disciplinary policy.

10. Associated Documents/Further Reading

CHFT (2013) Infection Prevention and Control 7 Card Pocket Set

Francis R, QC (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. The Stationery Office. London.

Epic2 **National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England.** Journal of Hospital Infection (2007) 65 (Supplement).

General Policies:
Principles for Uniform and Non Uniform Staff version 3

Waste Disposal Policy

Medicine Code: Medicine Code 17 – Medicines no longer required- Return or disposal, **http://nww.cht.nhs.uk/index.php?id=4848&cat=3**

Infection Control Policies & Guidelines:
Section F Decontamination Policy
Section G Aseptic Technique Policy
Section H Hand Hygiene
Section M Management of Clinical Sharps Injuries and Exposure to Blood and High Risk Body Fluids
Section P Care of the Deceased
Section S Tuberculosis
Section T Multi-Resistant Organism Policy

NICE Clinical Guideline 2 (2003) **Infection Control Prevention of Healthcare Associated Infections in Primary and Community Care**. NICE, London.

NICE (2011) NICE public health guidance 36. Prevention and control of healthcare-associated infections. Quality improvement guide. NICE© Manchester.

RCN (2013) Infection prevention and control available at: http://www.rcn.org.uk/support/rcn_direct_online_advice_a-z2/ infection_prevention_and _control/infection_prevention_and_control.

Tristel Fuse for Surfaces Working Solution Safety Data Sheet – see appendix 3

Wilson J (2006), **Infection Control in Clinical Practice** (3rd Edition), Bailliere Tindall, London

11. References and Bibliography:

Calderdale and Huddersfield NHS Foundation Trust (2013) Personal Protective Equipment (PPE) for Influenza. Available on the Trust intranet via the IPC web link entitled **Influenza** sub heading Personal Protective Equipment.

DH (2008) **The Health and Social Care Act**, Code of practice for the NHS on the prevention and control of healthcare associated infections and related guidance.

epic2: **National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England.** Journal of Hospital Infection (2007) 65 (Supplement), p S18.

Hawker J, Begg N, Blair I, Reintjes R, Weinberg J. (2005) **Communicable Disease Control Handbook** (2nd edition)**,** Blackwell, London

Health and Safety (Sharp Instruments in Healthcare) Regulation (2013) Guidance for employers and employees Health and Safety Executive, Crown ©. Available at: www.hse.gov.uk/pubns/hsis7.htm.

Needlestick Injuries Document available at:
http://www.nhsemployers.org/SiteCollectionDocuments/Needlestick **Injury (22 02 2011).doc**

NICE (2012) NICE clinical guideline 139. **Infection** Prevention and control of healthcare-associated infections in primary and community care. NICE© Manchester.

NPSA, Based on '**My 5 moments for Hand Hygiene'.** WHO © 2009.

NMC, (2008) **The Code**. Professional Code of Conduct for Nurses and Midwives. Nursing and Midwifery Council, London

RCN (2009) **Infection Prevention and Control: Minimum Standards**, RCN, London.

RCN (2012) Essential practice for infection prevention and control Guidance for nursing staff, RCN, London.

Peate I (2008) Body fluids part 1: infection control, **British Journal of Healthcare Assistants**, (2008) Vol 02 No 01

Thomas V (ed) (2011) **Fundamental Aspects of Infection Prevention and Control,** Quay Books, London. Chapter 7.

UK Health Departments (1998) ***Guidance for Clinical Health Care Workers: Protection against infection with blood-borne viruses.*** Recommendations of the Expert Advisory Group on AIDS and the Advisory Group on Hepatitis. London, DH.

WHO (2009) **Guidelines on Hand Hygiene in Health Care**. First Global Patient Safety Challenge Clean Care is Safer Care. Chapter 7

WHO (2009.02) **Save Lives, Clean your Hands**, guide to implementation. A Guide to the Implementation of the WHO Multimodal Hand Hygiene Strategy. Part 1

Appendix 1

Cytotoxic Drug Spillage

It is essential that all staff working in areas which handle liquid or powdered cytotoxics are aware of the procedure. All cytotoxic spills should be dealt with immediately and a **clinical incident form completed.**
The contents of the kit should be checked regularly to ensure everything as outlined below is enclosed.
The aim is to reduce risks of contamination and spread.
THE SPILLAGE MUST BE CLEANED UP EFFECTIVELY AND ALL CONTAMINATION DISPOSED OF SAFELY
SPILLAGE ONTO FLOORS, BENCHES ETC

1. Isolate the area. Call for assistance and warn others around you. Do not leave the spill unguarded.

1. Women who are, or think they may be pregnant, must not attempt to clean up the spillage. Obtain help from another member of staff.

1. Obtain cytotoxic drug spillage kit - these are located/available as follows: Aseptic Dispensing Unit (CRH & HRI) Wd12, Wd3 (OPD) (HRI) Macmillan unit (CRH) Emergency cupboard (CRH) **Contents (Berner Cytotoxic Spill Kit)** 1 pair blue latex gloves 1 pair yellow over gloves 1 pair goggles 1 pair overshoes 1 gown 1 face mask 2 chemosorb pads 3 cleaning cloths 2 Waste bags/ties

Please note that sharps must not be picked up by hand

1. Put on the protective clothing (plastic apron, disposable overshoes, double gloves, mask and safety goggles) **Powders:** Gently cover the spilled material with moistened paper towels (to avoid raising a dust). Pour on sufficient water to dissolve the powder, then treat as for a liquid below **Liquids** Cover the spillage with sufficient paper towels to absorb the liquid. Transfer paper towels to the heavy-duty clinical waste bag

1. Wash the affected surface with detergent and water, using paper towels, and dry to avoid leaving a slip hazard

1. Place **All** the waste including **ALL** items contained in the spillage kit and any other items that were used in the cleaning process, into the waste bag and seal. Place this bag inside the large bag marked 18-01-08

1. This bag must then be placed into a **hazardous** (**purple) liquid bin**

Wash hands thoroughly with soap and water

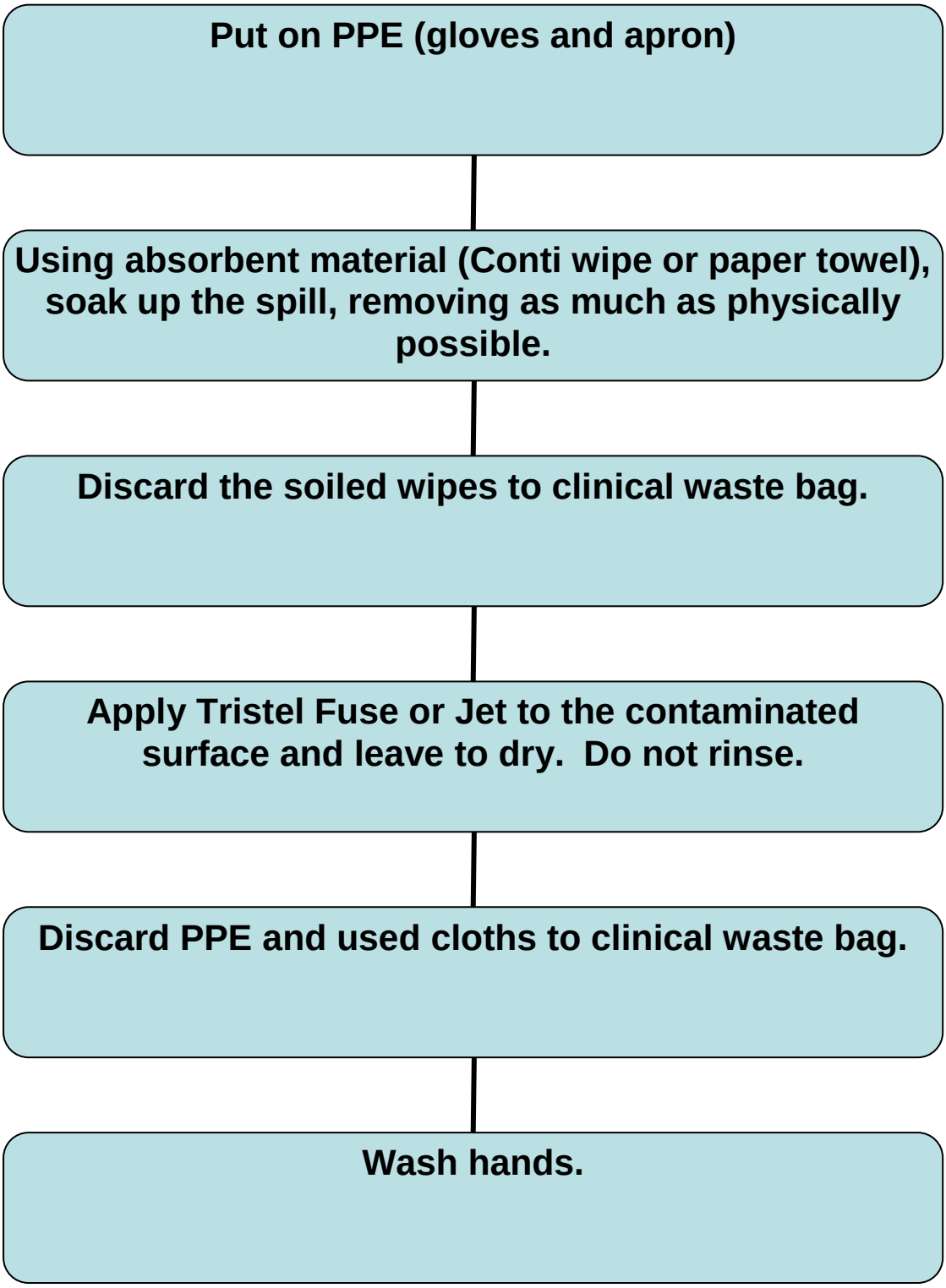
Complete an incident report form
Obtain replacement spillage kit from pharmacy (NB must be booked out on the pharmacy computer system)

For guidance on disposal of medicinal waste refer to Medicines Code Section 17 –

http://nww.cht.nhs.uk/index.php?id=4848&cat=3

Appendix 2

Management of blood / bodily fluid spillages


Put on PPE (gloves and apron)
Using absorbent material (Conti wipe or paper towel), soak up the spill, removing as much as physically possible.
Discard the soiled wipes to clinical waste bag.
Apply Tristel Fuse or Jet to the contaminated surface and leave to dry. Do not rinse.
Discard PPE and used cloths to clinical waste bag.
Wash hands.

Tristel Fuse for Surfaces
Working Solution Safety Data Sheet

Appendix 3

Product Name: Tristel Fuse for Surfaces – Working Soluti

Revision Number
FUS/SUR/SDS/006
Publication Date
19.02.08

Product Code: FUS/SUR

Type of product:	High-level disinfecting and sporicidal solution for surfaces
Manufacturer:	Tristel Solutions Limited Lynx Business Park Fordham Road Snailwell Cambs CB8 7NY
Telephone Number:	+44 (0) 1638 721500
Fax Number:	+44 (0) 1638 721911
Emergency Number:	+44 (0) 7798 805692 (out of business hours)
Chemical type:	Mild Oxidising Solution

Composition:

Ingredients	CAS No	EINECS No	Wt/Vol %	Symbol
Chlorine dioxide in aqueous solution	10049-04-4	233-162-8	0.01-0.0125	ClO
Surfactant: Decamine Oxide Water	2605-79-0		0.002	H O

Hazards identification:

Chlorine dioxide generator
(OES of 0.3ppm short term; 0.1ppm long term)

First aid measures:

Inhalation:	Non-toxic
Eye contact:	Rinse eyes with water
Skin contact:	Wash affected area with water
Ingestion:	Do not induce vomiting. Give water to drink Seek medical advice where necessary

Fire fighting measures:

Non flammable

Accidental release measures:

Environmental precautions:	Environmental precautions required but product is biodegradable under OECD conditions operational 6/1995
Clean up method:	Flush to drain with water or soak up onto inert material and dispose of with clinical waste
Clothing for disposal:	Wear appropriate gloves and apron

This document conforms with Regulation 6 of the Chemicals (Hazard Information and Packaging Supply) Regulations 2002 (CHIP3)

Handling and storage:

Revision Number
FUS/SUR/SDS/006
Publication Date
19.02.08

Handling guidelines:	Safe handling in accordance with label instructions Not to be mixed with other chemicals Keep from children
Storage guidelines:	Store out of direct sunlight Single-Use solution

Exposure controls/personal protection:

Personal protection:	Avoid eye contact and prolonged skin contact Gloves and apron recommended
Skin contact:	Low risk No known hazard
Eye contact:	Low risk No known hazard
Inhalation:	Low risk
Ingestion:	Low risk, substantial ingestion may cause discomfort to mouth and digestive tissues

Physical and chemical properties:

Physical state:	Liquid
Appearance and odour:	Light yellow with mild odour
Evaporation rate:	As water
Boiling point:	100 degrees centigrade
Freezing point:	As water
% Volatile (by weight):	Not known
Solubility in water (20°C):	Soluble
pH:	5.5 approximately
Specific gravity	1.005 @ 20°C

This document conforms with Regulation 6 of the Chemicals (Hazard Information and Packaging Supply) Regulations 2002 (CHIP3)

Stability and reactivity:

Decomposes to simple salt solution

Hazardous decomposition products: None under normal use

Chlorine donors and oxygen produced if heated

Toxicological information:

LD50 (oral, rat)	>5,000 mg/kg
Irritation to skin (rabbit)	Negative
Irritation to eyes (rabbit)	Negative
Sensitisation (guinea pig)	Negative

Ecological information:

Presents no known hazards to the environment

Disposal considerations:

Packaging:	Can be disposed of as normal waste in accordance with local authority regulations
Contaminated packaging:	May be disposed of safely under normal conditions in accordance with local authority regulations
Product:	Solution to be disposed of in accordance with spillage instructions as explained in accidental release measures

Transport information:

No special conditions apply, non hazardous

Regulatory information:

Not a licensed medicine

Other information:

Safety phrases:

(2) Keep out of reach of children

(50) Do not mix with other chemicals

This document conforms with Regulation 6 of the Chemicals (Hazard Information and Packaging Supply) Regulations (CHIP3)

Tristel Fuse for Surfaces
Activator & Base Safety Data Sheet

Revision Number
FUS/SUR/SDS/006
Publication Date
19.02.08

Product Name: Tristel Fuse for Surfaces – Activator Solution

Chemical Type: Sodium salt solution

Composition/information on ingredients:

Major ingredients: 2.1% Sodium chlorite solution in de-mineralised water

Hazards Identification: No specific hazards
Contact with acids liberates chlorine dioxide

First-aid measures:

Inhalation:	Non-toxic
Eye contact:	Rinse eyes with water
Skin contact:	Wash affected area with water
Ingestion:	Do not induce vomiting give milk or water to drink Seek medical advice where necessary

Fire fighting measures:

Non flammable

Accidental release measures:

Environmental Precautions:	Environmental precautions required but product is biodegradable under OECD conditions operational 6/1995
Clean up method:	Flush to drain with water or soak up onto inert material and dispose of with clinical waste
Clothing for disposal:	Wear appropriate gloves and apron

Product Name: Tristel Fuse for Surfaces – Base Solution

Chemical Type: Organic acid blend

Composition/information on ingredients:

Major ingredients: 5% solution of citric acid, with preservatives and 20% surfactant (Decamine Oxide) in de-mineralised water

Hazards Identification: No specific hazards

First-aid measures:

Inhalation:	Non-toxic
Eye contact:	Rinse eyes with water
Skin contact:	Wash affected area with water
Ingestion:	Do not induce vomiting give milk or water to drink Seek medical advice where necessary

Fire fighting measures:

Non flammable

Accidental release measures:

Environmental Precautions:	Environmental precautions required but product is biodegradable under OECD conditions operational 6/1995
Clean up method:	Flush to drain with water or soak up onto inert material and dispose of with clinical waste
Clothing for disposal:	Wear appropriate gloves and apron

This document conforms with Regulation 6 of the Chemicals (Hazard Information and Packaging Supply) Regulations 2002 (CHIP3)

Tristel Fuse for Surfaces
Activator & Base Safety Data Sheet

Revision Number
FUS/SUR/SDS/006
Publication Date
19.02.08

Product Name: Tristel Fuse for Surfaces – Activator Solution

Handling and storage:

Handling guidelines:	Safe handling in accordance with label instructions
	Not to be mixed with other chemicals
	Keep from children
Storage guidelines:	Store out of direct sunlight
	Shelf life – two years – see product for expiry date

Exposure controls/personal protection:

Personal protection:	Avoid eye contact and prolonged skin contact
	Gloves and apron Recommended
Skin contact:	Low risk
	No known hazard
Eye contact:	Low risk
	No known hazard
Inhalation:	Low risk
Ingestion:	Low risk, substantial ingestion may cause discomfort to mouth and digestive tissues

Physical and chemical Properties:

Physical state:	Liquid
Appearance and odour:	Clear colourless solution, no odour
Evaporation rate:	As water
Boiling point:	100 degrees centigrade

Product Name: Tristel Fuse for Surfaces – Base Solution

Handling and storage:

Handling guidelines:	Safe handling in accordance with label instructions
	Not to be mixed with other chemicals
	Keep from children
Storage guidelines:	Store out of direct sunlight
	Shelf life – two years – see product for expiry date

Exposure controls/personal protection:

Personal protection:	Avoid eye contact and prolonged skin contact
	Gloves and apron recommended
Skin contact:	Low risk
	No known hazard
Eye contact:	Low risk
	No known hazard
Inhalation:	Low risk
Ingestion:	Low risk, substantial ingestion may cause discomfort to mouth and digestive tissues

Physical and chemical Properties:

Physical state:	Liquid
Appearance and odour:	Pale green, mild odour
Evaporation rate:	As water
Boiling point:	100 degrees centigrade

This document conforms with Regulation 6 of the Chemicals (Hazard Information and Packaging Supply) Regulations 2002 (CHIP2)

Tristel Fuse for Surfaces
Activator & Base Safety Data Sheet

Revision Number
FUS/SUR/SDS/006
Publication Date
19.02.08

Product Name: Tristel Fuse for Surfaces – Activator Solution

Physical and chemical Properties continued:

Freezing point:	As water
% Volatile (by weight):	Not known
Solubility in water (20° C)	Soluble
pH:	11.5 - 13 approximately

Specific gravity: 1.025 @ 20° C

Stability and reactivity:

No decomposition if stored and used as directed

Hazardous decomposition products:	None under normal use

Chlorine donors and oxygen produced if heated

Toxicological information:

Animal studies:	No known risks to skin Exposure
Human studies:	No known risks to skin exposure

Ecological information:

No known adverse effects from normal use

Disposal considerations:

Packaging:	Can be disposed of as normal waste in accordance with local authority regulations
Contaminated packaging:	May be disposed of safely under normal conditions in accordance with local authority regulations

Product Name: Tristel Fuse for Surfaces – Base Solution

Physical and chemical Properties continued:

Freezing point:	As water
% Volatile (by weight):	Not known
Solubility in water (20° C)	Soluble
pH:	1.5 – 3.5 approximately

Specific gravity: 1.020 @ 20° C

Stability and reactivity:

No decomposition if stored and used as directed

Hazardous decomposition products:	None under normal use

Not compatible with alkaline substance and chlorine donors

Toxicological information:

Acute oral LD50:	>4000 mg/kg
Animal studies:	No known risks to skin exposure
Human studies:	No known risks to skin Exposure

Ecological information:

No known adverse effects from normal use

Disposal considerations:

Packaging:	Can be disposed of as normal waste in accordance with local authority regulations
Contaminated packaging:	May be disposed of safely under normal conditions in accordance with local authority regulations

This document conforms with Regulation 6 of the Chemicals (Hazard Information and Packaging Supply) Regulations

Tristel Fuse for Surfaces
Activator & Base Safety Data Sheet

Revision Number
FUS/SUR/SDS/006
Publication Date
19.02.08

Product Name: Tristel Fuse for Surfaces – Activator Solution

Disposal considerations continued:

Product: Solution to be disposed of in accordance with spillage instructions as explained in accidental release measures

Transport information:

No special conditions apply, non hazardous

Regulatory information:

Not a licensed medicine

Other information:

Safety phrases

(2) Keep out of reach of children

(24/25) Avoid contact with skin and eyes

(50) Do not mix with other chemicals

Product Name: Tristel Fuse for Surfaces – Base Solution

Disposal considerations continued:

Product: Solution to be disposed of in accordance with spillage instructions as explained in accidental release meansures

Transport information:

No special conditions apply, non hazardous

Regulatory information:

Not a licensed medicine

Other information:

Safety phrases

(2) Keep out of reach of children

(24/25) Avoid contact with skin and eyes

Do not mix with other chemicall

This document conforms with Regulation 6 of the Chemicals (Hazard Information and Packaging Supply) Regulations 2002 (CHIP3)

UNIQUE IDENTIFER NO: C-47-2013
Review Date: April 2015
Review Lead: Infection Prevention & Control Nurse

Summary of document:

This revised policy provides a rationale as to why Standard Precautions are important to the safety and wellbeing of primarily our patients but also to attending care givers. It gives clear guidance on the precautions required by all healthcare workers and social care workers (HSCW) attending a patient in the course of their daily duties whether employed by the Trust or other healthcare or social care agencies / work forces.
Clear definitions are provided so that there is no ambiguity or misunderstanding.

Standard precautions include:

- Risk assessment
- Hand hygiene
- Personal protective equipment
- Gloves
- Plastic aprons
- Eye protection
- Masks
- Safe handling and disposal of sharps
- Spillages of blood and body fluids
- Accidental spillages

Links to all associated documents or suggested further reading are provided together with the most recent references available.